

Oliver J. Aaron

Town

County

Died at

Barren Island Dorchester Co.

MARYLAND

Date 19

02

Dec 25th

Y.

M.

D.

Native of

Occupation

Age 29

3' 21"

Ind

Merchant

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband of~~  
~~Widow~~

Father's

Name

Richard L. Aaron

Mother's

Maiden Name

Victoria Willy

Cause of

Primary

Aortic Incompetency General Anemia about 60 days.

How long sick

Death

Immediate

Failing Compensation Paralysis 79

Accident, Suicide, Homicide

Reported by

W. H. Houston M.D.

Address

Fishing Creek Dorchester Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

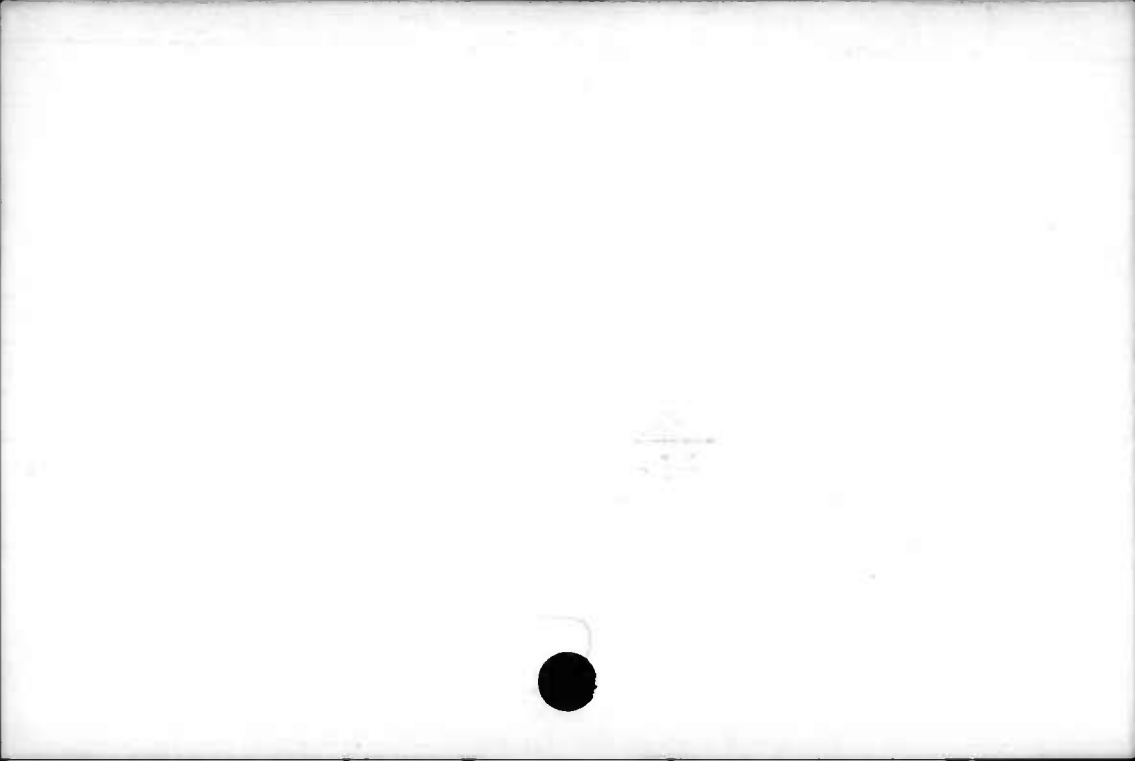
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec.</i>	Day <i>8</i>	Age <i>12</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Kan.</i>			
Married, Single or Widowed <i>single</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>A. Asmussen</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Jensen</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>A. Asmussen</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>12 days</i>
Immediate <i>throat paralysis</i>	How long <i>9 w</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Smith</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	



Eva May Bramble

Died at

Milton

Town

County

Dorchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 18<sup>th</sup>

Age

5-7-1

Maryland - Child

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~~~Number of children living~~ "

Husband of

~~Wife~~

Father's

Name

Solomon F. Bramble

Mother's

Name

Effie G. Applegarth.

How long sick

Cause of

Primary

Death

Immediate

Crushed by a wood-laden  
2-horse-wagon

Accident, Suicide, Homicide

Reported by

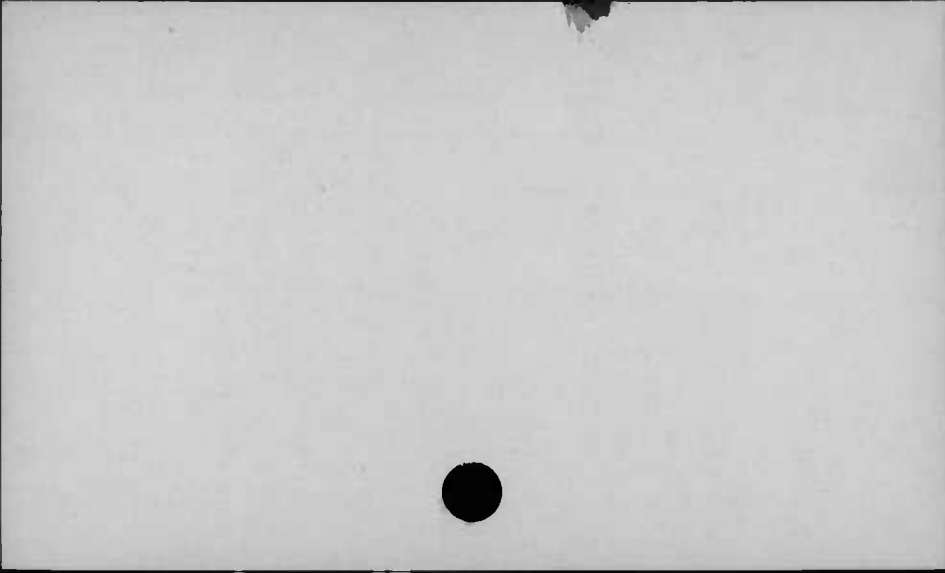
R. L. Lentricum MD

166

Address

Church Creek, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
In  
Full

James F. Prohawn

## CERTIFICATE OF DEATH

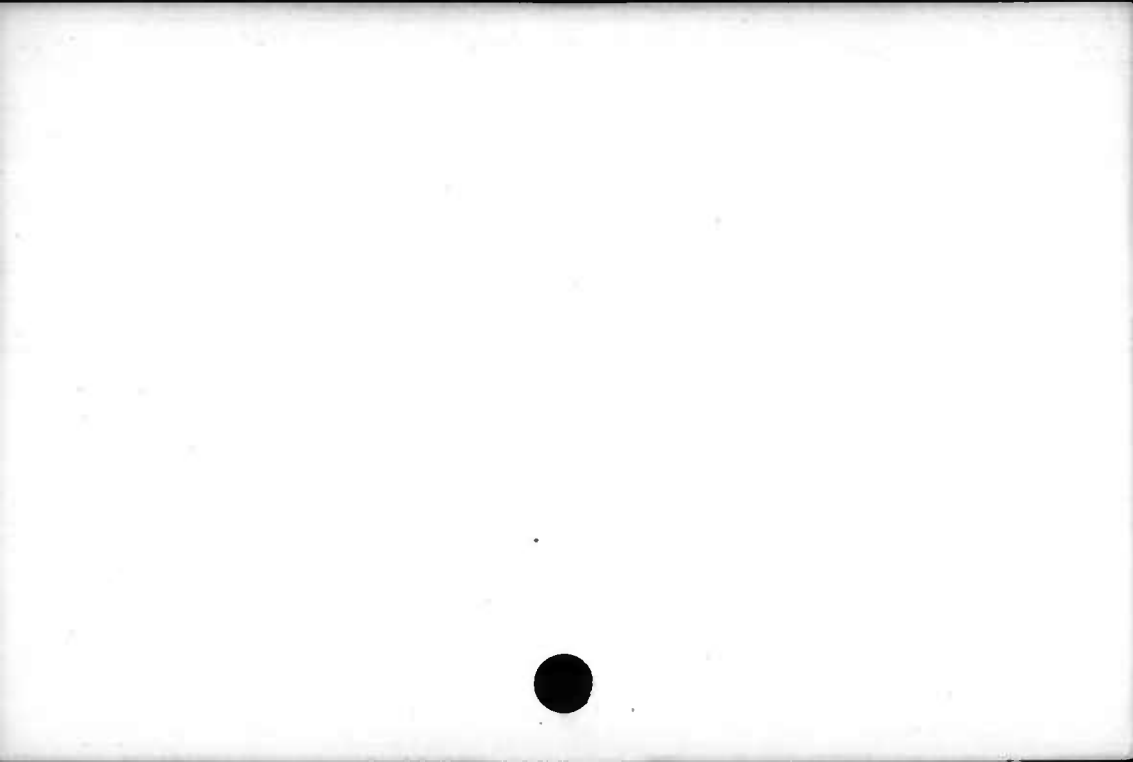
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtoga</u> <small>Town</small>		<u>Unchrist</u> <small>County</small>		MARYLAND	
Date of death 190 <u>7</u>	<u>Dec</u> <small>Month</small>	<u>5</u> <small>Day</small>	Age <u>79</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Wm. C. Ind.</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>				
Name of Wife or Husband <u>Mary Christopher</u>					
Father's Name <u>Wm. J. Prohawn</u>			Father's Birthplace <u>Wm. C. Ind.</u>		
Mother's Maiden Name <u>Elizabeth</u>			Mother's Birthplace <u></u>		
Name of person giving information <u>Mrs. Sadi Wright</u>			How related to deceased <u>Daughter</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Hypertrophy of Prostate</u>	How long <u>4 months</u>
Immediate <u>Exhaustion</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. J. Prohawn</u>
	Address <u>Cumtoga Ind.</u>
Accident or Suicide? <u></u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> Town			<u>Dorchester</u> County			MARYLAND		
Date of death 190 <u>2</u>		Month <u>12</u>	Day <u>12</u>	Age <u>15</u> Years	Months <u>—</u>	Days <u>—</u>		
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Dor. Co. Md</u>					
Married, Single or Widowed <u>Single</u>			Occupation <u>Student</u>					
Name of Wife or Husband <u>—</u>								
Father's Name <u>not-ascertained (Brooks)</u>				Father's Birthplace				
Mother's Maiden Name <u>not-ascertained</u>				Mother's Birthplace				
Name of person giving information <u>— Brooks</u>				How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Gun shot - wound of lower leg</u>	How long <u>11 days</u>
Immediate <u>Polio</u>	How long <u>2 1/2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yn</u>	Signature of Physician <u>Wm. Stith</u>
<input checked="" type="checkbox"/> Accident or <del>same</del> ?	Address <u>Cambridge Md.</u>



Name  
in  
Full

Emma P. Bryan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Airley</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death 190 <u>7</u>	Month <u>Dec.</u>	Day <u>6</u>	Age <u>4</u> Years	Months <u>4</u>	Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Wm. Co. Md.</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>School Girl</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Wm. Wood</u>			Father's Birthplace <u>Wm. Co. Md.</u>		
Mother's Maiden Name <u>Hannetta C. Stanley</u>			Mother's Birthplace <u>Wm. Co. Md.</u>		
Name of person giving information <u>Hannetta Stanley</u>			How related to deceased <u>Grandmother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>13 days</u>
Immediate <u>Ephautin</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yrs</u>	Signature of Physician <u>May Slett</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Joseph Collins

Died at Secretary Town County MARYLAND

1902 Date 12-4 Month Day Y. M. D. Native of Md. Occupation Farmer

Male White Married Widow Divorced  
Female Colored Single Widower Number of children living 9

Husband of Sarah Collins

Father's Name Not Known Mother's Name Couldn't learn

Cause of Death Primary Immediate Premature Old Age 154 How long sick Accident, Suicide, Homicide

Reported by Dr. A. S. Baynes  
Address E. N. Man Ketch Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Alice E. Cornish

## CERTIFICATE OF DEATH

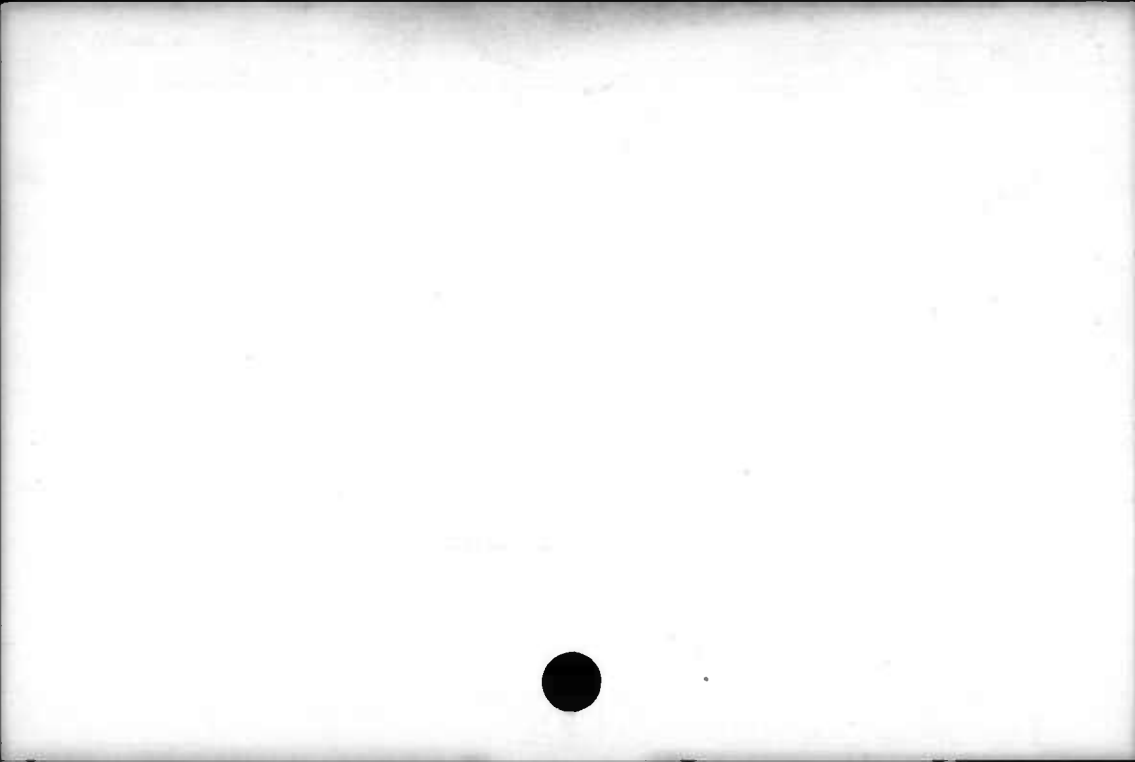
TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>new</sup> <u>Cambridge</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Dec.</u>	Day <u>17</u>	Age <u>1</u> Years	Months <u>4</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Dr Co. Md</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Ham Cornish</u>			Father's Birthplace <u>Dr Co. Md.</u>		
Mother's <del>Name</del> Name <u>Emily J. Cornish</u>			Mother's Birthplace <u>Dr Co. Md.</u>		
Name of person giving information <u>Ham Cornish</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Mononucleosis</u> <u>92</u>	How long <u>all its life</u>
Immediate <u>Catastrophic Pneumonia</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry Stiles</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide? <u>—</u>	





Name  
in  
Full

CERTIFICATE OF DEATH

*H A Deckers*

Died at *Federalburg* <sup>Town</sup>

*Dor* <sup>County</sup>

MARYLAND

Date of death 190 *2* <sup>Month</sup> *Dec* <sup>Day</sup> *22*

Age *76* <sup>Years</sup>

Months

Days

Sex *male*

Color or Race *white*

Birth-place *England*

Married, Single or Widowed *widower*

Occupation *farmer*

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

*123*

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *Cystitis*

How long *6 weeks*

Immediate

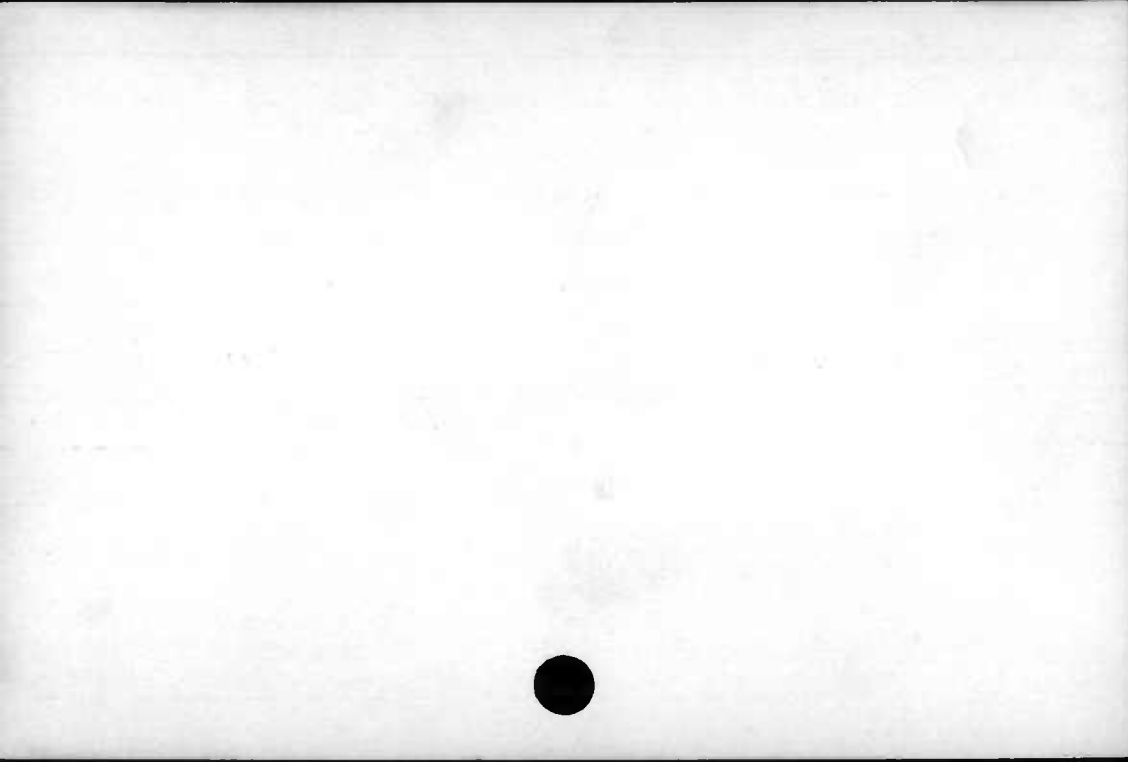
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R Kemp Jefferson*  
Address *Federalburg md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OF CORONER



Emeline Piper

### CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died Almus House Town

Town

County  
Horchule

County

## MARYLAND

<b>Date</b> of death 1907	<b>Month</b> Dec.
------------------------------	----------------------

Month

Day

Age	Years
-----	-------

Years

Months

Days

Sex *Female*

Color or Race

Colonel

Birth-  
place

Dr. Co. med

Married, Single  
or Widowed *Widow*

Occupation

und

Name of ~~Wife~~ or  
Husband

John Dixon

Father's  
Name

Father's Birthplace

Mother's  
Maiden Name *Arlene Gamwell*

Mother's Birthplace

Wm Co, med

Name of person giving  
In formation

1. <sup>the</sup> ~~a~~ <sup>sym</sup> ~~to~~ <sup>symptoms</sup> 68

How related  
to deceased

*Thysanotus*

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Papillomas are widespread from Alaska to*

How long

Immediate	Exhaustion from physical stress
-----------	---------------------------------

How long

Are the name, age, sex, color, date and place correctly given above?

4/20

Signature of Physician

Guy Smith

Address

Cambridge and

## Accident or Suicide?



Name in Full

Certificate of Death

Mrs Tom Don's

Town

County

Died at

MARYLAND

Date *1902* Month *Dec* Day *23* Y. *39* M. *-* D. *-* Native of *MD* Occupation *Domestic*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Divorced ☐ Number of children living *3*

Husband  
ofFather's  
NameMother's  
Name

Cause of Death { Primary *Abortion*  
 Immediate *Penitence*

How long sick  
*12 days*

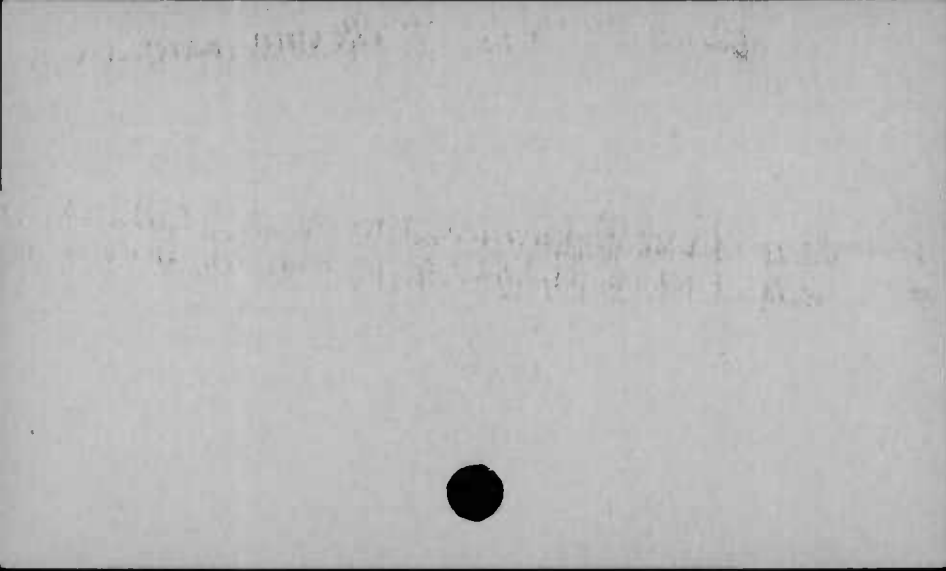
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6508



Name  
in  
Full

Thomas G. Brunson



## CERTIFICATE OF DEATH

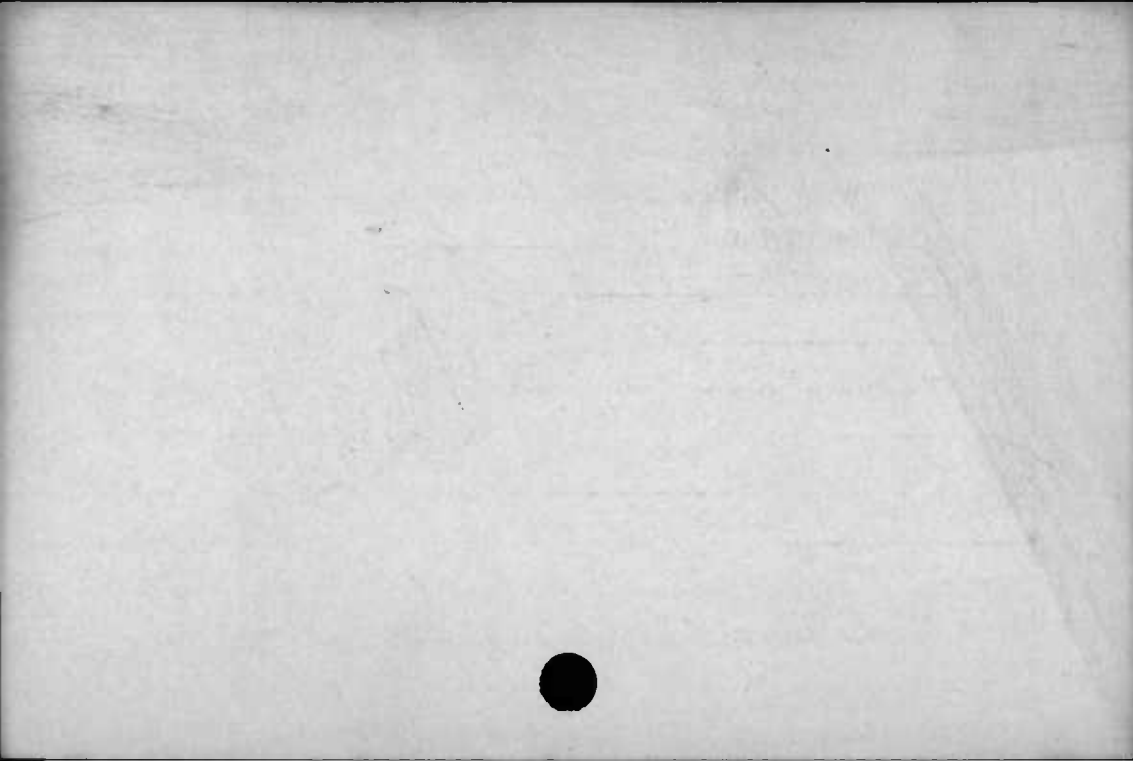
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Holland Island</i> <sup>Town</sup>		<i>Brunson</i> <sup>County</sup>		MARYLAND	
Date of death <i>1901</i>	Month <i>one</i>	Day <i>6</i>	Years <i>51</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>on C. and</i>	
Occupation <i>Union</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>—</i>				How related to deceased <i>—</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>suddenly</i>
Immediate <i>cardiac failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. Andrew Vail M.D.</i>
	Address <i>Holland Island, Md.</i>
	
	
Accident or Suicide?	





Name in Full

Certificate of Death

Lester William Hutson

Town

County

Died at

MARYLAND

Hunlocks

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

12

14

Age

3 months

md

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Walter Hutson

Maiden Name

L. Fletcher

Cause of

Primary

Exposure

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

G. H. M. M. D. 153

Address

Hunlocks md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

William Jackson

Town

County

MARYLAND

Died at

Crap

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Dec

2

Age

55

-

-

Va.

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart Lesion 79

How long sick

One year

Death

Immediate

Congestion of Lungs

~~Accident Suicide Homicide~~

Reported by

E. A. R. Jones

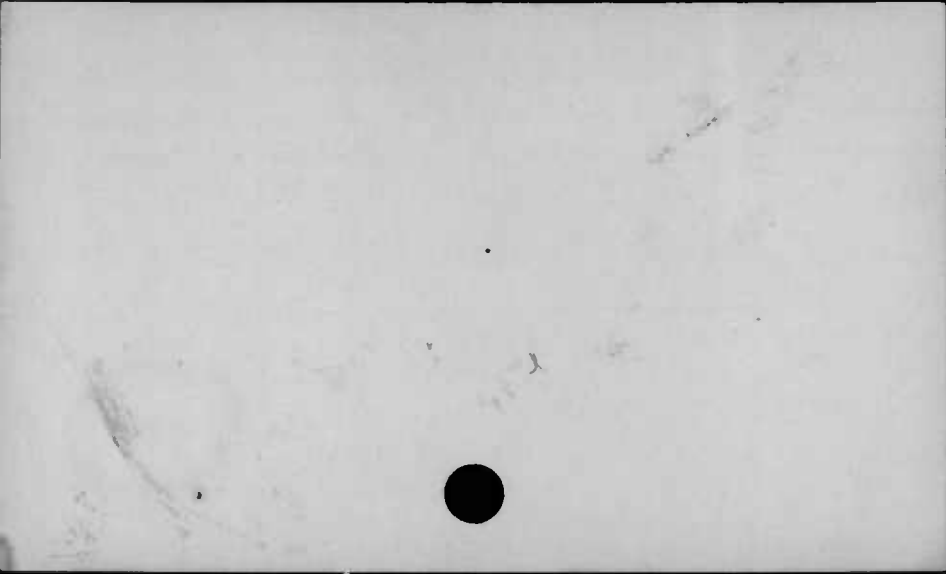
Address

Crap

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189 2

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pleuro Pneumonia 93

How long sick

4 weeks

Death

Immediate

Typhus

~~Accident~~ ~~Suicide~~ Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65000

212

Pune

120.

Pune

15-

2 Bethel

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Percy Kelley

Died at *Hall and Island* Town*Dorchester* County

MARYLAND

Date -  
of death 1902Month  
12Day  
20

Age

Years  
1Months  
2Days  
5Sex *male*Color or  
Race*White*Birth-  
place*Hall and Island*Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name*Ernest J. Kelley*Father's  
Birthplace*Dorchester*Mother's  
Maiden Name*May Todd*Mother's  
Birthplace*Hall and Island,*Name of person giving  
information*Ernest J. Kelley*How related  
to deceased*Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Exposure*

How long

*93*

Immediate

*Pneumonia*

How long

*10 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Josephus A. Knight**Hall and Island**Physician*

Accident or Suicide?

*Dorchester Co. Md.*





Sallie B. Lewis

Town

County

Died at

MARYLAND

Date 189

Male

Month

Day

Age

Y.

M.

D.

Native of

Md Occupation

Married

Widow

Female

White

Colored

Single

Widower

Number of children living

5

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

3 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

94



James Montgomery

Town

County

Died at

Beverly

Worcester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Age

75-

Native of

Maryland

Occupation

Labourer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Two

Husband of

Sarah (Don't know)

Father's Name

Don't know

Mother's Maiden Name

Jane Montgomery

Cause of

Primary

\* Empyema

How long sick

Several years

Death

Immediate

Pneumonia

94

Accident, Suicide, Homicide

Reported by

R. L. Smithman M.D.

Address

Church Creek Rd.

\* Two fistulous openings

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

*M Gertrude Morgan*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town		County <i>Dorchester</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>18</i>	Age <i>26</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Worked in shirt factory</i>					
Name of Wife or Husband <i>Richard Morgan</i>							
Father's Name <i>Jas H. Hales</i>		Father's Birthplace <i>Somerset Co Md</i>					
Mother's Maiden Name <i>Mar J. Revel</i>		Mother's Birthplace <i>Somerset Co Md</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>About 3 weeks</i>
Immediate <i>Perforation of Bowel</i>	How long <i>Some hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. M. G. L. L. L. L.</i>
	Address <i>Cambridge, Md</i>
Accident or Suicide?	



William A. Nichols

Town

County

Died at near Church Creek Dorchester

MARYLAND

Date 1902 Dec. 18<sup>th</sup> Age 17-11-13 Native of Maryland Occupation invalid

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name Oliver J. Nichols Mother's Maiden Name Francis A. Bryan

Cause of Death { Primary Phthisis 27 How long sick Several years  
 Immediate ~~Accident, Suicide, Homicide~~

Reported by R. L. Linticum M.D.  
 Address Church Creek, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Hubert P. Simmons

MARYLAND

Died at <sup>Town</sup> Fishing Creek <sup>County</sup> Dorchester CO  
 Date 19 02 Dec 12 Age 67 3 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Ind <sup>Occupation</sup> \_\_\_\_\_  
 Male White Married Widower ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

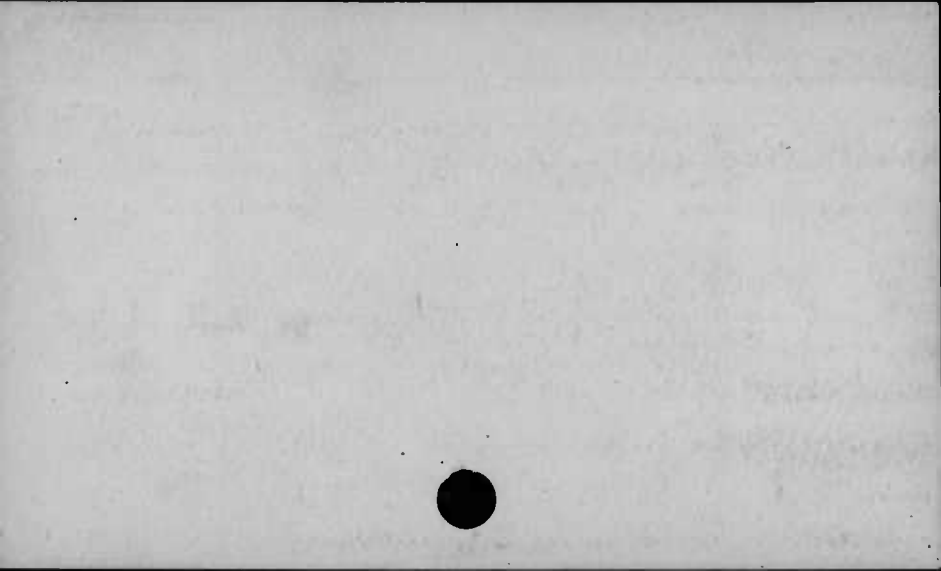
Husband  
 Wife

Father's Name Major T Simmons Mother's Name William R. McKins  
 Cause of Death Primary <sup>How long sick</sup> Membranous Laryngitis about 5 days  
 Immediate Asphyxia <sup>Accident, Suicide, Homicide</sup> ~~Accident, Suicide, Homicide~~

Reported by W. Houston Ind.

Address Fishing Creek Dorchester Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edward P Smith

Town

County

MARYLAND

Died at

Cromwell

Dorchester

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

902 Dec 7

Age

10 11 25

And

Schooling

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Albert Smith

Mother's

Name

Cause of

Primary

Dysphemia

9a

How long sick

7 days

Death

Immediate

General weakness

Accident, Suicide, Homicide

Reported by

John Moore

and

Address

Cromwell

Me

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Elmer Todd Somers

## CERTIFICATE OF DEATH

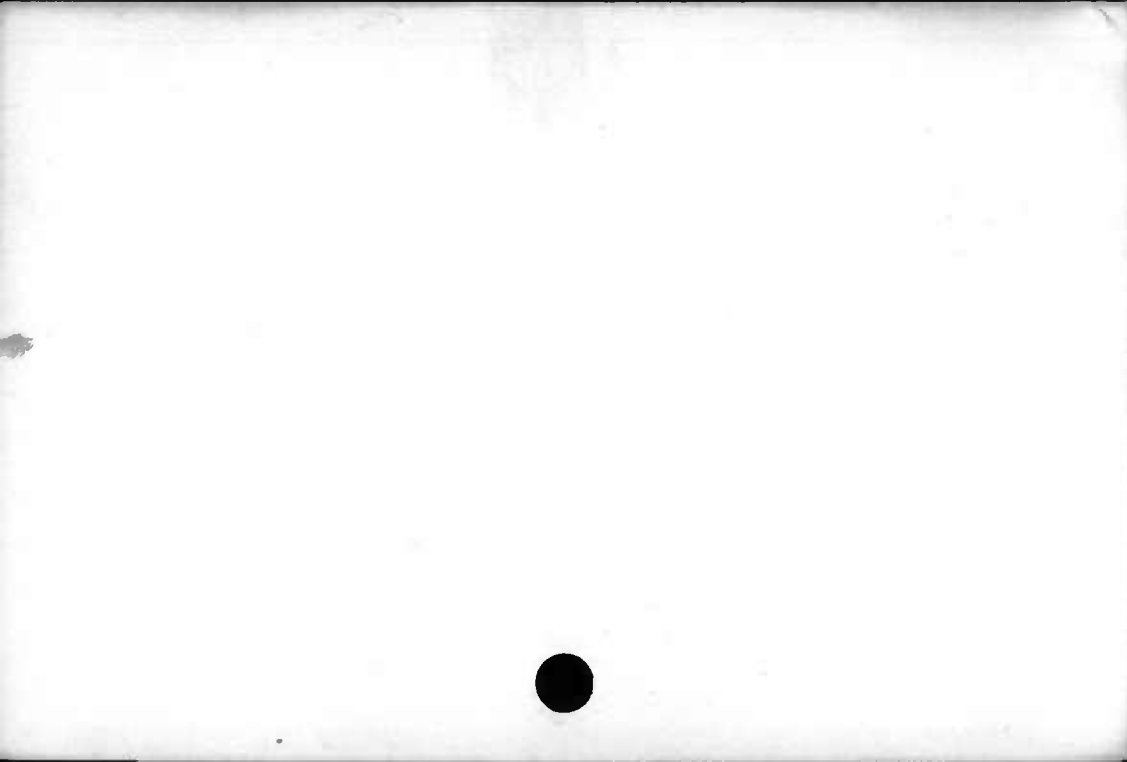
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Halland Island</i>			Town <i>Dorchester</i>		County		MARYLAND	
Date of death 1902	Month <i>12</i>	Day <i>9</i>	Age <i>1</i>	Years	Months <i>3</i>	Days <i>7</i>		
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Halland Island</i>				
Married, Single or Widowed <i>Single</i>				Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>								
Father's Name <i>Hade Hampton Somers</i>				Father's Birthplace <i>Dorchester Island</i>				
Mother's Maiden Name <i>Maeie A. Somers</i>				Mother's Birthplace <i>Halland Island</i>				
Name of person giving information <i>Hade Hampton Somers</i>				How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	<i>blw</i>	How long
Immediate <i>Cerebro spinal meningitis</i>		How long <i>7 or 8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Josephus A. Knight</i>
<i>Physician</i>		Address <i>Halland Island</i>
Accident or Suicide?		<i>Dorchester Co. Ind</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name Margaret J. Spedden		Town Shirley		County Lancaster		MARYLAND	
Died at		Month Dec.		Day 19		Years 40	
Date of death 1902		Month Dec.		Day 19		Years 40	
Sex Female		Color or Race white		Birth- place Dor. Co. Md.		Months —	
Married, Single or Widowed Married		Occupation Housewife		Days 10			
Name of Wife or Husband Joseph H. Spedden		Father's Name Peter Wheeler		Father's Birthplace Dor. Co. Md.			
Mother's Maiden Name Rebecca J. Shannon		Mother's Birthplace Dor. Co. Md.					
Name of person giving Information J. H. Spedden		How related to deceased Husband					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long —	
Immediate acute heart failure		How long —	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Guy Smith	
		Address Cambridge Md.	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married Single or Widowed				Occupation			
Name of Wife or Husband				Father's Birthplace			
Father's Name				Mother's Birthplace			
Mother's Maiden Name				How related to deceased			
Name of person giving information							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Margaret Tolly

Town

Cambridge

County

Dorchester

MARYLAND

Date

of death 1902

Month

Dec

Day

14

Years

Age

48

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
placeMarried, Single  
or Widowed

Married

Occupation

Housewife

Name of Wife or  
Husband

Sam J Tolly

Father's  
Name

—

Father's  
BirthplaceMother's  
Maiden Name

—

Mother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

(Choke - brought to Hospital Monland)

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

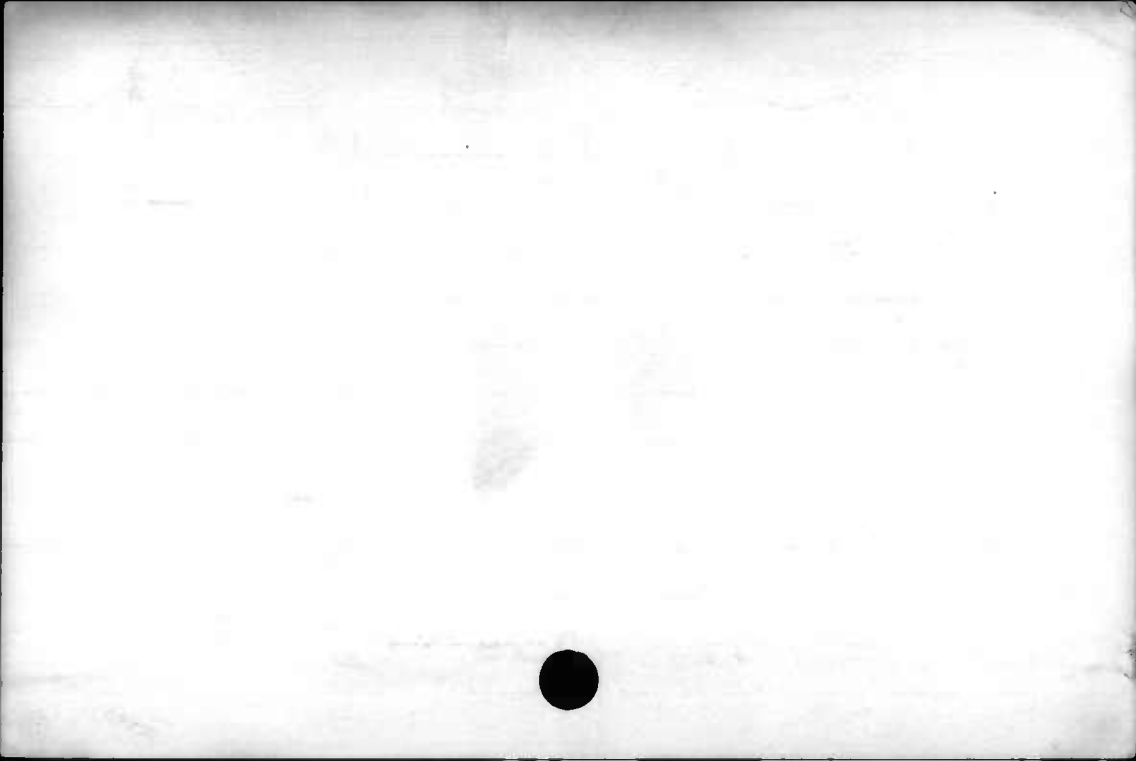
B K Golaborough

Address

Cambridge Ma

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name in Full *Henrietta Trigoe*  
 Died at *Madison* Town *Dorchester* County *MARYLAND*  
 Date 19*02* Month *Dec.* Day *20<sup>th</sup>* Y. *56* M. *9* Native of *Maryland* Occupation *Midwife*  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *One*

Husband of *John Trigoe Sr.*  
 Wife  
 Father's Name *William Harris* Mother's Name *Nancy Saunders*  
 Cause of Death { Primary *Cancer - Fibroid of greater curvature of stomach, and of Rectum -* How long sick *Several years*  
 Immediate *Inanition* ~~Accident, Suicide, Homicide~~

Reported by *R. L. Lenthicum M.D.* *40*  
 Address *Church Creek, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Bryanum B. Pruitt

Town

County

Died at

Bridgeton

Dorchester

MARYLAND

Date 19

02

Month

Day

Dec 26

Age

Y.

M.

D.

73

Native of

Del.

Occupation

Laborn

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

None

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

23

Cause of

Primary

Cystitis

Death

Immediate

Uremia

How long sick

Accident, Suicide, Homicide

Reported by

J L Noble M D

Address

Bridgeton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name In Full

Certificate of Death

*Zachariah Vaughan*  
 Town *Cambridge* County *Dorchester* MARYLAND

Died at  
 Date 19 *02* Month *Dec.* Day *13.* Age *28* Y. *3* M. *5* D. *-* Native of *Ind* Occupation *Labourer*  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name *Jermiah Vaughan* Mother's Maiden Name *Eliza Hughes*

Cause of Death { Primary *Tuberculosis* How long sick *6 months*  
 { Immediate *Internal Hemorrhage* Accident, Suicide, Homicide

Reported by *W. L. ... as Drake Th. D.*  
 Address *Cambridge Dorchester Co.,*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79635



Name  
in  
Full

Elizabeth A. Vickers

## CERTIFICATE OF DEATH

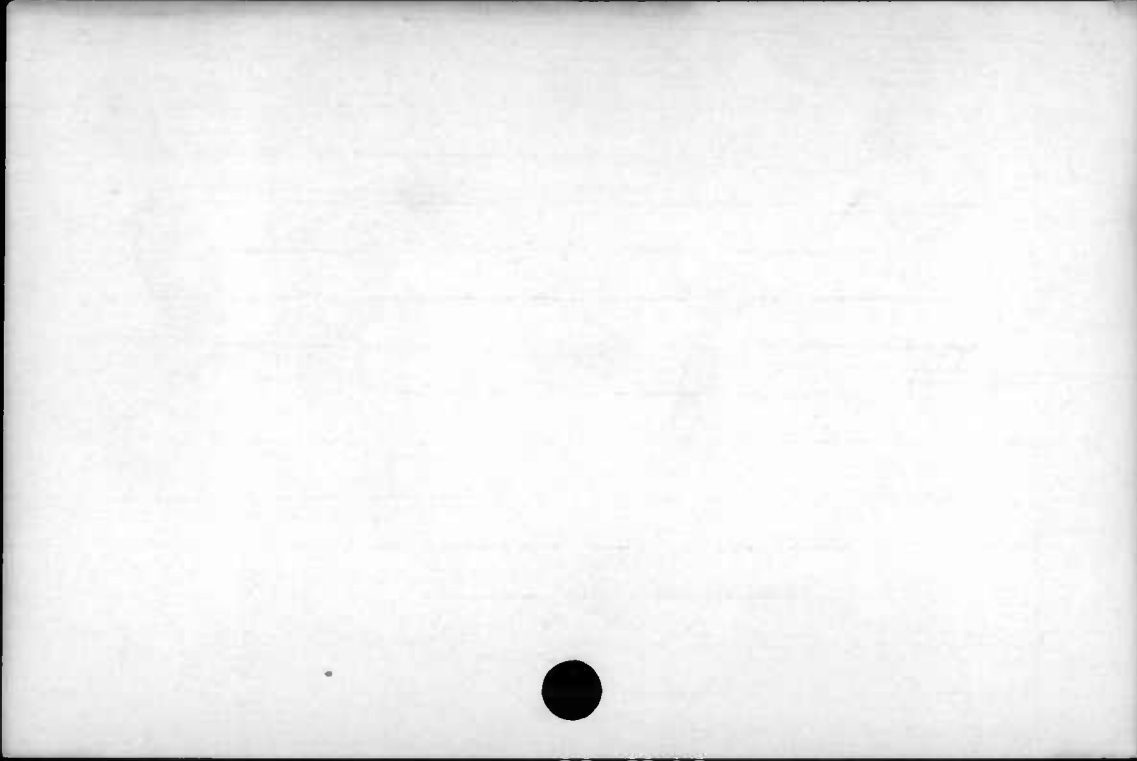
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Worcester</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Dec</i>	Day <i>19</i>	Years <i>72</i>	Months <i>—</i>		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Worcester, Mass.</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>housewife</i>					
Name of Wife or Husband <i>William Vickers</i>							
Father's Name <i>Wm. S. Vickers</i>				Father's Birthplace <i>Worcester, Mass.</i>			
Mother's Maiden Name <i>Caroline Vickers</i>				Mother's Birthplace			
Name of person giving information <i>Wm. Vickers</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular heart disease</i>	How long <i>6 years</i>
Immediate <i>Heart failure</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. S. Vickers</i>
	Address <i>Cambridge, Mass.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Gilbert Beechum Wingate

Town

County

MARYLAND

Died at

Bishop Head

Lancaster

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec 3

Age

69 6 26

Md

None

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Ellen Ann

Wingate

Father's

Name

Gilbert Wingate

Maiden Name

Mother's

Polly

How long sick

One year

Cause of

Primary

Organic Heart Lesion

Death

Immediate

Haemia

79

~~Accident, Suicide, Homicide~~

Reported by

E. A. P. Jones M.D.

Address

Lancaster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75828



Name in Full

Certificate of Death

Emmie Brightson

Town

County

Died at

Bluma

Leicester

MARYLAND

Date 1892	Month 12	Day 11	Y.	M.	D.	Native of	Occupation
Male	<del>White</del>	Married				Ma	
Female	Colored	Single					

Husband  
of  
WifeFather's  
Name

Chas H Brightson

Mother's  
Name

Amelia Brightson

Cause of

Primary

How long sick

Death

Immediate

Burned off hotel

Accident, Suicide, Homicide

Reported by

Jm H Hall's Undertaker

Address

Presen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

